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<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Beazley Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	05.0 CMP Liability and Non-Liability/05.0003 Commercial Package		
<b>Product Name:</b>	CMP		
<b>Project Name/Number:</b>	/		

## Filing at a Glance

Company:	Beazley Insurance Company, Inc.
Product Name:	CMP
State:	District of Columbia
TOI:	05.0 CMP Liability and Non-Liability
Sub-TOI:	05.0003 Commercial Package
Filing Type:	Form
Date Submitted:	01/09/2020
SERFF Tr Num:	PERR-132208061
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	BICI0409-DC
Effective Date	On Approval
Requested (New):	
Effective Date	On Approval
Requested (Renewal):	
Author(s):	Paula Rossman, Kathleen Risko
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

**State:** District of Columbia  
**TOI/Sub-TOI:** 05.0 CMP Liability and Non-Liability/05.0003 Commercial Package  
**Product Name:** CMP  
**Project Name/Number:** /

**Filing Company:** Beazley Insurance Company, Inc.

## General Information

Project Name: Status of Filing in Domicile:  
Project Number: Domicile Status Comments:  
Reference Organization: Reference Number:  
Reference Title: Advisory Org. Circular:  
Filing Status Changed: 01/09/2020  
State Status Changed: Deemer Date:  
Created By: Kathleen Risko Submitted By: Paula Rossman  
Corresponding Filing Tracking Number:

### Filing Description:

With this filing, Beazley Insurance Company is revising its commercial general liability declarations page for its MPL Secure product. The only change being made is the inclusion of a limit for Hired and Non-Owned Auto coverage. There is no impact associated with this change which is being made to address an oversight in the initial filing. Further, the Company has not written any general liability coverage for its MPL Secure product.

Enclosed is authorization for Perr&Knight to submit this filing on behalf of the Company. All correspondence related to this filing should be directed to Perr&Knight. If there are any requests for additional information related to items prepared by the Company, we will forward the request immediately to the Company contact. The Company's response will be submitted to your attention as soon as we receive it.

## Company and Contact

### Filing Contact Information

Kathleen Risko, State Filings Analyst krisko@perrknight.com  
1200 N. Federal Highway Suite 561-300-6840 [Phone]  
309  
Boca Raton, FL 33432

### Filing Company Information

(This filing was made by a third party - perrandknightactuaryconsultants)

Beazley Insurance Company, Inc.	CoCode: 37540	State of Domicile: Connecticut
30 Batterson Park Road	Group Code:	Company Type:
Farmington, CT 06032	Group Name:	State ID Number:
(860) 677-3707 ext. [Phone]	FEIN Number: 04-2656602	

## Filing Fees

Fee Required? No  
Retaliatory? No  
Fee Explanation:

<b>State:</b>	District of Columbia	<b>Filing Company:</b>	Beazley Insurance Company, Inc.
<b>TOI/Sub-TOI:</b>	05.0 CMP Liability and Non-Liability/05.0003 Commercial Package		
<b>Product Name:</b>	CMP		
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## Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		DECLARATIONS – MPL SECURE – COMMERCIAL GENERAL LIABILITY	F00698	122019 ed.	DEC	Replaced	Previous Filing Number:	PERR-131430011		F00698 122019 ed. - SE Pkg MPLS CGL Admitted.pdf
							Replaced Form Number:	F00698 032018 ed.		

### Form Type Legend:

<b>ABE</b>	Application/Binder/Enrollment	<b>ADV</b>	Advertising
<b>BND</b>	Bond	<b>CER</b>	Certificate
<b>CNR</b>	Canc/NonRen Notice	<b>DEC</b>	Declarations/Schedule
<b>DSC</b>	Disclosure/Notice	<b>END</b>	Endorsement/Amendment/Conditions
<b>ERS</b>	Election/Rejection/Supplemental Applications	<b>OTH</b>	Other



## **DECLARATIONS – MPL SECURE – COMMERCIAL GENERAL LIABILITY**

**Underwriters:**

**Policy Number:**

**Named Insured and Address:**

**Policy Period:**

**In consideration of the payment of the premium and in reliance upon the statements in the Application to this Insurance Policy and subject to all the provisions, terms and conditions of this Policy. This Policy consists of the following coverage parts for which the premium is indicated:**

<b>COVERAGES</b>	<b>PREMIUM</b>
<b>Miscellaneous Professional, Information Security &amp; Privacy, Personal Injury and Website Media Content Liability Coverage</b>	<b>\$ &lt;Premium&gt;</b>
<b>Commercial General Liability Coverage</b>	<b>\$ &lt;Premium&gt;</b>

**TOTAL: \$ <Premium>**

DECLARATIONS

MPL SECURE®

MISCELLANEOUS PROFESSIONAL, INFORMATION SECURITY & PRIVACY, PERSONAL INJURY  
AND WEBSITE MEDIA CONTENT LIABILITY INSURANCE POLICY

COVERAGE UNDER INSURING AGREEMENTS A., B., D., E., F. AND G. OF THIS POLICY IS PROVIDED ON A CLAIMS MADE AND REPORTED BASIS AND APPLIES ONLY TO CLAIMS FIRST MADE AGAINST THE INSURED DURING THE POLICY PERIOD OR THE OPTIONAL EXTENSION PERIOD (IF APPLICABLE) AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY. AMOUNTS INCURRED AS CLAIMS EXPENSES UNDER THIS POLICY SHALL REDUCE AND MAY EXHAUST THE LIMIT OF LIABILITY AND ARE SUBJECT TO RETENTIONS.

INSURING AGREEMENT C. OF THIS POLICY PROVIDES FIRST PARTY COVERAGE ON AN INCIDENT DISCOVERED AND REPORTED BASIS AND APPLIES ONLY TO INCIDENTS FIRST DISCOVERED BY THE INSURED DURING THE POLICY PERIOD AND REPORTED IN WRITING TO THE UNDERWRITERS DURING THE POLICY PERIOD OR AS OTHERWISE PROVIDED IN CLAUSE X. OF THIS POLICY.

Item 1.     **Named Insured:**         <Applicant Name>  
  
              **Address:**                 <Applicant Address>  
  
  <Applicant City>, <Applicant State> <Applicant Zip>

Item 2.     **Policy Period**  
              **From:**                     <Effective\_Date2>  
              **To:**                        <Expiration Date>

Both dates at 12:01 a.m. Local Time at the Address stated in Item 1 above.

Item 3.     **Limit of Liability**

A. Each **Claim** Limit of Liability, including **Claims Expenses:**                 <Limit>

B. **Policy Aggregate Limit of Liability**   <Limit>  
    (Aggregate for all coverages combined,  
    including **Claims Expenses**) but sublimited to:

C. Aggregate sublimit of liability applicable to Insuring  
    Agreement C. (Privacy Notification Costs):   <Limit>

D. Aggregate sublimit of liability applicable to Insuring  
    Agreement D. (Regulatory Defense and Penalties)

including **Claims Expenses**:

<Limit>

- E. Aggregate sublimit of liability applicable to Insuring Agreement E. (PCI Fines, Expenses and Costs):

<Limit>

The above sublimits of liability are part of, and not in addition to, the overall **Policy Aggregate Limit of Liability**.

Item 4. **Retention**

- A. Each **Claim Retention** (including each **Claim** in the form of a **Regulatory Proceeding**), includes **Claims Expenses**:

<Retention>

- B. Insuring Agreement C. (Privacy Notification Costs)

Each incident, event or related incidents or events giving rise to an obligation to pay **Privacy Notification Costs**:

<Retention>

Item 5. **Premium**

<Premium>

Item 6. **Retroactive and Continuity Dates**

- A. Retroactive Date:

<Retrodate>

- B. Continuity Date:

<Contdate>

Item 7. **Optional Extension Period**

- A. Premium for Optional Extension Period:

<Premium>of the total premium as for the Policy

- B. Length of Optional Extension Period:

<Length>

Item 8. **Notification under this Policy**

- A. <Notification>

- B. All other notices under this Policy shall be given to  
Beazley USA Services, Inc.  
30 Batterson Park Road  
Farmington, CT 06032  
Tel: (860) 677-3700  
Fax: (860) 679-0247

Item 9. **Professional Services**

<Professional Serv>

Item 10. **Endorsements Effective at Inception**



<Endorsements>

## DECLARATIONS

### COMMERCIAL GENERAL LIABILITY COVERAGE

#### LIMITS OF INSURANCE

EACH OCCURRENCE LIMIT	\$	_____
DAMAGE TO PREMISES RENTED TO YOU LIMIT	\$	_____ Any one premises
MEDICAL EXPENSE LIMIT	\$	_____ Any one person
HNOA LIABILITY LIMIT	\$	_____ Any one person
PERSONAL & ADVERTISING INJURY LIMIT	\$	_____ Any one person or organization
GENERAL AGGREGATE LIMIT	\$	_____
PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	_____

#### DESCRIPTION OF BUSINESS

FORM OF BUSINESS:

- ☐ INDIVIDUAL      ☐ PARTNERSHIP      ☐ JOINT VENTURE      ☐ TRUST
- ☐ LIMITED LIABILITY COMPANY      ☐ ORGANIZATION, INCLUDING A CORPORATION (BUT NOT INCLUDING A PARTNERSHIP, JOINT VENTURE OR LIMITED LIABILITY COMPANY)

BUSINESS DESCRIPTION: \_\_\_\_\_

#### ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

#### CLASSIFICATION AND PREMIUM

LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops

			\$	\$	\$	\$	\$
			STATE TAX OR OTHER (if applicable)		\$ _____		
			TOTAL PREMIUM (SUBJECT TO AUDIT)		\$ _____		
PREMIUM SHOWN IS PAYABLE:			AT INCEPTION		\$ _____		
			AT EACH ANNIVERSARY		\$ _____		
			(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)				
AUDIT PERIOD (IF APPLICABLE)			<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY	

<b>ENDORSEMENTS</b>	
ENDORSEMENTS ATTACHED TO THIS COVERAGE:	
<hr/> <hr/> <hr/>	

<b>NOTIFICATIONS UNDER COMMERCIAL GENERAL LIABILITY COVERAGE</b>	
Name:	
Address:	
Tel.:	
E.mail:	

**THESE COMBINED DECLARATIONS AND THE POLICY WITH ENDORSEMENTS SHALL CONSTITUTE THE CONTRACT BETWEEN THE INSURED AND THE UNDERWRITERS.**

Countersigned:	By:
(Date)	(Authorized Representative)



State:	District of Columbia	Filing Company:	Beazley Insurance Company, Inc.
TOI/Sub-TOI:	05.0 CMP Liability and Non-Liability/05.0003 Commercial Package		
Product Name:	CMP		
Project Name/Number:	/		

## Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Consulting Authorization
Comments:	
Attachment(s):	P&K Beazley filing authorization letter - updated.pdf
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Expedited SERFF Filing Transmittal Form
Bypass Reason:	n/a
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Redline version
Comments:	
Attachment(s):	F00698 032018 ed. - SE Pkg MPLS CGL Admitted tracked.pdf
Item Status:	
Status Date:	

February 27, 2019

RE: Beazley Insurance Company, Inc.  
NAIC#: 37540  
FEIN#: 042656602

**Letter of Authorization**  
**Filing of Forms Rates and Rules**

In accordance with the applicable statutes and regulations of your state, Kyle Hales and Perr & Knight / Insurance Consulting Services are hereby authorized to submit form, rate and rule filings on behalf of the Company.

Sincerely,



Wayne K. Whiten  
Secretary

**Beazley Insurance  
Company, Inc.**

30 Batterson Park Road  
Farmington, CT 06032  
USA

Phone (860) 677 3700  
Fax (860) 679 0247

info@beazley.com  
www.beazley.com

beazley



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**TOTAL:** \$ <Premium>

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**Address:**           <Applicant Address>

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- A. Retroactive Date: <Retrodater>  
B. Continuity Date: <Contdater>

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COMMERCIAL GENERAL LIABILITY COVERAGE

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<u>HNOA LIABILITY LIMIT</u>	<u>\$</u>	_____	<u>Any one person</u>
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PRODUCTS/COMPLETED OPERATIONS AGGREGATE LIMIT	\$	_____	

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BUSINESS DESCRIPTION: \_\_\_\_\_

ALL PREMISES YOU OWN, RENT OR OCCUPY

LOCATION NUMBER	ADDRESS OF ALL PREMISES YOU OWN, RENT OR OCCUPY

CLASSIFICATION AND PREMIUM

LOCATION NUMBER	CLASSIFICATION	CODE NO.	PREMIUM BASE	RATE		ADVANCE PREMIUM	
				Prem/ Ops	Prod/Comp Ops	Prem/ Ops	Prod/Comp Ops

			\$	\$	\$	\$	\$	
			STATE TAX OR OTHER (if applicable)		\$			
			TOTAL PREMIUM (SUBJECT TO AUDIT)		\$			
PREMIUM SHOWN IS PAYABLE:			AT INCEPTION		\$			
			AT EACH ANNIVERSARY		\$			
			(IF POLICY PERIOD IS MORE THAN ONE YEAR AND PREMIUM IS PAID IN ANNUAL INSTALLMENTS)					
AUDIT PERIOD (IF APPLICABLE)			<input type="checkbox"/> ANNUALLY	<input type="checkbox"/> SEMI-ANNUALLY	<input type="checkbox"/> QUARTERLY	<input type="checkbox"/> MONTHLY		

<b>ENDORSEMENTS</b>	
ENDORSEMENTS ATTACHED TO THIS COVERAGE:	
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<b>NOTIFICATIONS UNDER COMMERCIAL GENERAL LIABILITY COVERAGE</b>	
<b>Name:</b>	
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Countersigned:	By:
(Date)	(Authorized Representative)